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# **PHTHISIS PULMONALIS**

**AND**

# **SOUTHERN VOYAGING**

**BY**

**JOHN M<sup>c</sup>NAUGHTAN**

**M. B. L. R. C. S. EDIN.**

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# Phthisis Pulmonalis and Brethren Voyaging

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In the following Dissertation I shall  
endeavour to promulgate the experiences  
I have gained, and the lessons I have  
learned, whilst occupying the  
position of Surgeon in a large sailing  
ship carrying passengers for the Australian  
Colonies by the Cape of Good Hope;  
my remarks more particularly referring  
to that greatest of all scourges viz.  
Consumption, and the remedy which  
comes unfortunately too hastily and too  
often into view of our Physicians  
months now-a-days "Take a long  
Sea-voyage"

The amount of misery, unnecessary  
suffering, & heartbreakings that is summed  
up in that advice can hardly be  
expressed, unless seen, as I have had  
so many painful opportunities of  
doing, and I am afraid the men  
who give this advice, are those who  
have no idea whatever what they  
are sending their Patients to, or I  
am sure they would weigh each case  
far more carefully before sending them  
off in the usual indiscriminate  
manner.

In the beginning it must be distinctly understood, I do not for a second imply that the Pulmonary base will be benefited by a Voyage such as I describe, but what I mean principally to deprecate is the utter heartlessness of sending away alone poor stricken Patients, buoyed up for a time by the false hope, that as soon as they set foot on board they should begin to mend; for when they find this hope blasted, then their last stay being gone, they rapidly sink and die with no friend near to comfort or console.

This feeling that they must get well now they are at sea prevails to a great extent all Voyaging Phthisical Patients, and no doubt in a number of cases does good for a certain time, but when they begin to feel they are not improving as rapidly as they expected, or they might be, as unfortunately too often happens, getting worse, then I say this relapse to their high hopes sinks them down much lower than at first, and then, when alone, they feel their utter loneliness and helplessness with no chance of being cheered by their associates, who too often happen to be as bad or even worse than themselves.

Long sea Voyaging was recommended for Phthisis by Imbeciles of the older Physicians, but then the opportunities

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for taking such voyages were very limited, and the inducements few, unless to the very wealthy, but now that the means are so ample and the passage-money reduced to so low a figure, hardly a passenger vessel leaves the British shores without its quantum of misfortunate journeying in search of health, and it is because of this habit becoming so much too common now-a-days, that has led me to write so strongly against it.

The voyage itself for Invalids, I think has been landed a great deal too much, for while in the hot weather of the Tropics, the heat is too much for any Patient, unless one with a good deal of Stamina; and then when down as far South as the Cape of Good Hope, whence almost to the journey's end, there is almost invariably a prevalence of foggy cold weather, the atmosphere saturated with moisture, and probably for the greater part of this time, the decks continually wet from rain or sea water, all of which circumstances greatly enhance the Patient's danger, especially when those changes of Temperature we have seen so sudden from the hot Tropical weather.

I may mention here one very common Fallacy not only to Patients but to



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Some Medical Men, and that is the belief that the voyage out to Australia, as soon as the British Islands are got clear of, is one of uninterrupted fine warm weather; this is quite a mistake, as at least half the voyage is made in weather very much resembling our own Winter, and more especially so, in the months of the Southern Winter viz May, June and July, but to a greater or less extent all the year round. I mention

this as a number of my Patients came away quite unprovided for a long course of cold weather, either from being led astray by the advice of their own friends or Medical Advisors. Another very common and pernicious idea worthy of note, even amongst Invalids is, that there is no danger of catching cold while at sea. This statement I have

not the slightest hesitation in denying in toto; for if any individual be exposed to the same conditions of atmosphere at sea, as one is ashore, the susceptibilities being equal, the one will catch cold equally as fast and severe as the other; though, at the same time, I am of opinion that a thorough wetting from salt water is not so generally followed by bad consequences as one from fresh.

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The time in the very hot weather, usually about three weeks, more or less, was an extremely trying time to my Patients, they all, without almost a single exception became worse, while two of them died appearing just to melt away and sink under the excessive heat.

A Death at sea at any time has an extremely depressing effect on all on board, but how much more so is this the case to the Invalids crowded up together, when they find one of their number sink and die, who perhaps they observed was suffering like symptoms to themselves.

I observed this very markedly after our two cases of Death mentioned above, in fact I considered at the time that the latter Death was very considerably hastened by the occurrence of the former, he, a young man, after it, apparently losing all hope for himself (a state of matter so fatal to those cases) & very shortly after sinking into a state of listless apathy soon followed by Death.

A circumstance which I have no doubt helps greatly to retard a cure on a long sea voyage, is the great want of change of scene, and any definite employment for the Patients. There are always doubtless numerous amusements started during the voyage, but where the large majority of the passengers are Invalids

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The attempt to establish any healthful  
course of amusement is generally  
futile. They come on board for the  
simple and sole purpose of getting  
well, and nothing else particularly  
occupying their thoughts, leads them  
to an incessant brooding over  
their own symptoms, weighing every  
little change as it happens, which  
can have anything but a good  
effect.

A Patient must never go on a  
long sea voyage, expecting to enjoy  
anything like home comforts, or I  
am afraid he will be badly  
disappointed. Two or three have  
generally to sleep in one state room,  
which has not sufficient breathing  
space for one healthy adult, and  
for at least half the voyage the  
small window opening into the room  
requires to be kept shut, on account  
of the cold or for fear of the sea  
washing in. I have frequently gone  
down to one of those sleeping rooms  
in the morning, after being in the  
fresh air for some time, and was  
immediately sensible of a feeling  
of oppression from the closeness and  
vibrated character of the air, in which  
the Invalids live & breathe on an  
average half the time while at sea.  
I leave any one to judge whether  
this is a state of matters which



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leads to migrate anyone with  
Disease of the Respiratory Organs,  
and were it not for the compensating  
bracing effect of the sea air when  
they get up on deck, I am afraid  
Phthisical Patients would soon come  
to shun the sea, as they would  
any damp unhealthy locality on  
shore.

Another circumstance worthy of the  
most careful attention, and one that  
ought to be remembered before sending  
away alone a sick person is, that  
there is no provision whatever made  
on board ship for the nursing of  
any one who may have to keep  
in bed or require attention during  
the night. The Stewards or  
Waiters have generally more to  
do during the day than they can  
well perform, so that it is generally  
impossible to get any of them to  
watch by a Patient at night during  
any length of time; consequently  
a person so circumstanced has  
got usually to trust to the  
kindness of some of his stronger  
fellow voyagers for any little extra  
attention in the way of nursing.

Also on account of the length  
of the voyage the coal requires to  
be husbanded so always at or  
before eight o'clock at night the

galley fire is put out, and after that it becomes almost an impossibility to get even a hot drink for a Patient.

Invalids during those long Voyages feel very keenly, and are doubtless much the worse for, the want of a regular supply of Sweet Milk; very few ships carrying cows on board, and even when they do the milk becomes deteriorated, and the quantity allowed can not be large. In its place is supplied the Tinned Condensed Milk, which very soon falls on the taste, so much so as frequently to cause both Invalids and healthy persons to discontinue its use.

The food supplied consists chiefly of tinned preserved meats and tinned live stock; the very soon tires of the former, and the latter, with the exception of the pork, is apt to be in anything but a good condition for turning to table, generally being reduced to skin and bone with only the semblance about them of the animals they at one time represented.

Also after the first week or two out, there is an entire absence of fresh green vegetables from the diet; mixed preserved vegetables being supplied

but they form a poor substitute.

Patients who are unable to make a full meal at meal times, sufficient to last them on to the next, cannot, without the very greatest difficulty, get any little thing, such as a basin of soup between times, as the small kitchen is usually fully occupied with the cooking operations for the whole ship. The knowledge of this fact I have found to have a very deleterious effect on some, causing them to eat more at one time than their stomach is able to digest, and consequently bringing on an attack of dyspepsia, so difficult to rectify in these cases.

Another circumstance which undoubtedly tells on the General Health in time is the great want of exercise there is on board, the space allotted for walking or being so small, in comparison to the number of passengers, and so cramped with articles for ship's use, that there is little opportunity to indulge much in exercise of a pedestrian nature. This I think accounts for all on board being so liable to extreme constipation of the bowels & extreme torpidity of the Liver.

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I will rest copying from the notes of my cases, give a brief history of each, as to their condition on coming on board, previous history if known, state of health during the voyage and at its termination, with subsequent history where I have been able to obtain it.

I R. B. A middle aged man. Ill a long time with frequent Haemoptyses, and all the symptoms of Phthisis.

Condition at departure. Extremely weak.

Numerous cavities in left apex, with softening tubercle in right.

During Voyage. Never seemed to revive at all after coming on board, but sank and died whenever we got into the hot weather of the tropics.

II J. S. A young man about 26 years of age. Complaining for a long time, with severe cough and great emaciation.

Condition at departure. Extremely weak and emaciated with hacking cough. Cavities in both apices and coarse crepitus over the greater part of both Lungs anteriorly.

During Voyage. Seemed to improve and get into better spirits for a week or two, but gave way in the hot weather and died a week after the former.

III R. R. A young man about 28 years of age. Complaining for a number of years with Phthisical symptoms, with frequent attacks of Haemoptysis.



Condition at departure Weak, with unhealthy appearance & severe cough cavity in right apex, with a small deposit of tubercle in the Left.

During voyage Improved considerably, gaining in weight.

Condition at termination voyage. Much healthier looking. Tubercle in left apex evidently been quite stationary, while cavity in right has not increased.

Subsequent History Remained on Anstanka two months, then left again for England. Seen six or seven months after his return, was then rather worse than when he first set out.

IV J. S. A young man 24 years of age. Had Haemoptysis about a year before followed by Phthisical symptoms.

Condition at departure Has a severe cough but looks in fairly good health. Tubercular deposit in left apex, apparently begun to soften, right apex free.

During voyage Had frequent attacks of Haemoptysis, lost in weight & cough much more severe.

Condition at termination voyage. Very much worse than when he left. Spreading in left apex much more extensive, while symptoms of a tubercular deposit are evident in the right.

Subsequent History Remained some months in the Colonies getting worse, returned home & died not long afterwards.

I W. M. A young man, 25 years of age. Suffering for a considerable time from Phthisical symptoms.

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Condition at departure. Very weak, with all the worst symptoms of Phthisis. Numerous cavities in left apex, with softening of the & tubercular breaking in the right.

During voyage Improved slightly at first, but got decidedly worse towards its termination.

Condition at termination of voyage Disease had made rapid strides. Very weak hardly able to leave the ship.

Subsequent History Sent up country, by Medical advice, where he died in about a fortnight.

II W. R. A man about 35 years of age. Had been suffering Pulmonary symptoms for a very long time.

Condition at departure Health fair. Both Lungs gave evidence of a long-standing tubercular deposit.

During voyage Improved slightly at first, but gradually sank losing strength daily. Compelled to bed for the last three weeks.

Condition at termination of voyage Had to be carried to the Hospital, where he died four days after.

III R. C. A young man, 23 years of age. Had Haemoptysis some time previously.

Condition at departure Especially delicate child, with all the early symptoms of Phthisis.

During voyage Remained in much the same condition.

Condition at termination of voyage Cough.

Night sweats &c still continue, but General Health keeps much the same as at starting.  
Subsequent History unknown.

VIII W. G. Young man 28 years of age. 12  
Long time a sufferer from  
Bronchitic Asthma.

Condition at departure Enjoying fair  
health. Constant asthmatical cough, with  
decided emphysema of Phloides in at  
least one apex.

During voyage General health rather  
improved.

Condition at termination of voyage General  
health improved but respiratory symptoms  
remain in statu quo.

Subsequent History Remained in the  
Colonies. Asthmatical and Bronchitic  
symptoms rather better when last  
heard of.

IX J. H. A young man 18 years of age.  
Had three attacks of Haemoptysis, with  
frequent attacks of Bronchitis.

Condition at departure Very weak state  
of health. Evidence of tubercle in  
the right apex.

During voyage Had frequent attacks of  
Bronchitis, accompanied by dyspnoea,  
very subject to obstinate dyspnoea.

Condition at termination of voyage

No improvement in general symptoms.  
Subsequent History Returned to England  
in the same ship, no better than  
when he left, rather worse. Bronchitic  
attacks coming on more frequently,  
and body more emaciated and weaker.

X J. F. A young man 26 years of age.  
Had suffered from chronic cough  
for a number of years with  
expectoration.

Condition at departure Very weak with  
evidence of chronic Bronchitis and a

Suspicion of Phthisis.

During voyage. Improved.

Condition at termination of voyage

Much stronger, but Pulmonary symptoms not quite gone.

Subsequent History Remains in the colonies enjoying a fair state of health.

VI J. R. A young woman, 26 years of age.

Had a cough for a number of years with great expectation.

Condition at departure Very unhealthy appearance. Tubercle in left apex began to open.

During voyage Improved in general health.

Condition at termination of voyage

Rather improved on the whole, but Phthisical symptoms still remain.

Subsequent History Illness.

From the preceding list of my cases, it will be seen I had 10 undoubted cases of Phthisis to treat, in the other I was doubtful whether or no there was Tubercle at all.

Out of this number, two died during the voyage, two within a fortnight after reaching our destination, and one died shortly after his return to England. In none, with the exception possibly of one case, did I notice any permanent improvement either in the general symptoms or



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in the state of the lungs during the voyage; while four became most decidedly worse, and the remaining four left in much the same state as they came on board.

Now I think any one studying those statistics, small though they be, will be led to the same conclusion as myself viz. that for any case of well marked Phthisis, even in its earlier stages, long voyaging in ships, as they are now constructed, is bad, and instead of prolonging life, rather in the vast majority of cases tends to shorten it, and instead of letting the sufferers die quietly and peacefully at home, surrounded by their friends and every comfort, casts them adrift to battle for a time against fearful odds, and then in their last hours throwing them on the tender mercies of strangers, who too often regard their death simply as a timely release from their precious helpless & hopeless condition.

And now in conclusion I feel to add that although I cannot use too strongly in Medical men the advisability of weighing every point well in a case, before determining the plan which sends them forth alone, for often, to meet their doom; still there are cases which every day and again doubtless will crop up

Such as obscure Bronchitic affections,  
with possibly only a faint suspicion  
of Phthisis, but with plenty of strength  
and not accustomed to being nursed  
and petted at home, where a  
sea voyage might do them good,  
more from the complete change of  
air than anything specific in the  
voyage; but I repeat again - if  
you have to deal with a case of  
undoubted Phthisis and more especially  
in a Patient, who, with a small store  
of health only to work upon, has been  
enjoying for some time previously the  
comforts of a home, then I should  
say for such a case recommend  
almost any line of treatment before  
advising a Long Sea Voyage.

John McNaughtan